Foster Family Home - Corrective Action Report

Provider ID:

1-170084

Home Name:

Jane Ramos, CNA

Review ID:

1-170084-3

91-1012 Ikulani Street

Reviewer:

Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date:

12/11/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 2 bed re-certification, application for 3 bed and meets all requirements. Home met all compliance requirements at the time of the home inspection. No corrective action required.

> amkehlain Compliance Manager